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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE TREATMENT OF WHOOPING COUGH.—Dr. Carlos L. Henriquez says in the *New York Medical Journal*, that whooping cough still ranks first among the infectious diseases in its mortality in children under seven.

He has found a mixture of syrup of squill, three drachms, compound syrup of cocillana, four ounces, very efficient. To one to two years old children he gives fifteen drops, from two to three years, twenty-five drops, from three to four years, forty drops, over four years a teaspoonful; dose to be repeated every four hours. He says this treatment will result in a cure in the most severe case in from four to twenty-one days. Vomiting is rare after the first week and bad nights the exception. He has at times gradually increased the original dose until it was doubled. Each patient demands careful watching; the dose being increased or diminished according to the symptoms.

DEATH BY FIRE.—The *New York Medical Journal* says: Unnecessary anguish of mind has probably been felt by relatives of the unfortunate workers who were killed in the recent fire on Washington Place by reflection on the supposedly agonizing pain caused by such a death. Where, however, a great bulk of highly inflammable substances is quickly consumed in a closed space, the result is the production of large quantities of carbon monoxide. This gas, it is well known, combines with the hæmoglobin of the blood to form a bright scarlet compound that refuses to combine with oxygen. The result is a speedy and probably painless asphyxiation, before the flames have had a chance to attack the bodies of the victims. It is extremely difficult to resuscitate those who are perishing in this manner. The mental suffering undergone by those who were attempting to escape had, however, no mitigating circumstances.

THE RELIEF OF PAIN IN ACUTE OTITIS MEDIA.—Dr. J. D. Thomson writes to the *Medical Record* that the following treatment has given excellent results in the relief of pain arising from congestion of the middle ear occurring in the course of acute otitis media. A solution of magnesium sulphate, three drachms, in one ounce each of distilled water and

glycerin is warmed and poured into the external auditory canal and retained there for ten or fifteen minutes. The relief in most cases is immediate, and in not a few cases the inflammatory symptoms disappear without further treatment. Its action is due, in a large measure at least, to the exosmotic properties of the solution. The general practitioner may find this method of treatment serviceable.

DROP METHOD OF GIVING ENEMAS.—Dr. J. E. Cannady, in a paper on rectal enemas of normal saline solution, in the *Journal of the American Medical Association*, says: "The container should be hung so that the solution is 8 or 10 inches above the level of the rectum. The most simple means of inducing the fluid to flow drop by drop is not a hæmostat but a hairpin and a match. An ordinary wire hairpin is passed about the rubber tubing so that one of its prongs extends on either side; the free ends are secured from spreading apart by a twist of the wire with the fingers. Three or four wooden toothpicks, or a match trimmed down to a wedge-shape point are introduced between the wire hairpin and the rubber tube and gently pushed in until the flow is just as desired.

A NEW SYMPTOM IN SCARLET FEVER.—The *New York Medical Journal* says: Pastia, of Bucharest, describes a new sign in scarlet fever which, if it is of constant occurrence, will prove of as great diagnostic value as Koplik's spots in measles. This symptom consists of transverse lines, usually two or three, in the fold of the elbow. They are of a rose red hue at first, but in a few days turn red or wine colored. In the severe cases they are ecchymotic. Between the lines the erythematous eruption characteristic of scarlatina is seen. Similar lines have been observed in the axilla in a few cases, but they are of less intense color and of shorter duration in that situation.

These lines are visible before the appearance of the rash, remain throughout the eruptive stage, and persist as lines of pigmentation after desquamation is completed. Pastia found this symptom present in ninety-four per cent. of the cases of scarlet fever in the hospital for contagious diseases in Bucharest. As far as his experience goes, it is absent in the other exanthemata and in all forms of drug rash. If the danger of contagion is greatest during the tonsillar stage of the disease and not during the period of desquamation, as was formerly thought, any symptom which will aid in establishing the diagnosis before the appearance of the rash will be of great value in preventing the spread of the infection.

CURRENT LITERATURE OF INTEREST TO NURSES.—*New York Medical Journal*, April 1, "Modern View of Antiseptics and Germicides"; Editorial, April 8, "Address to the Training School for Nurses, New York Hospital," George L. Peabody, M.D.; April 15, "Evidences that the School Nurse Pays," S. W. Newmayer, M.D.; April 22, "The Starnook and the Window Tent, Two Devices for the Rest Cure in the Open Air and for Outdoor Sleeping," S. Adolphus Knopf. *Medical Record*, April 1, "What is Rheumatism?" Herbert C. de V. Cornwell; April 15, "Sterilization of the Skin by a New Iodine Solution," Ellirc McDonald, M.D. *Journal of the American Medical Association*, April 22, "Treatment of Stuttering," E. W. Scripture; "Prevention of Pulmonary Tuberculosis"; April 29, "Considerations in Management of Pulmonary Tuberculosis."

ADDRESS TO THE NURSES OF THE TRAINING SCHOOL OF THE NEW YORK HOSPITAL

By GEORGE L. PEABODY

THERE is another view of your usefulness to which I have not seen allusion anywhere. I am thinking of the *results* of your help to the doctor *in the study and solution of his problems*. It seems to me that her share in the *advancement of medical knowledge* has never been fully accorded to the trained nurse. For all of our information as to the symptoms presented by the patient in the intervals of our visits we must rely upon your powers of observing and your skill in recording your observations. You must fill many a gap in our experience of the patient's condition; much of our knowledge of daily, hourly changes in his disease could not be acquired without your assistance; our study of his malady would be but fragmentary and disconnected if you were not here to help us.

When I look back upon the years of my medical life in which I worked without you, and the other years when you were present in very small numbers, I wonder how I got along at all in certain very serious situations. Conditions of those days rendered the doctor's duties much more arduous, of course, and the patient's sufferings much less endurable; and they certainly rendered the present day careful study of disease and present day results quite impossible of attainment. It would not be possible to say how much or exactly what has been contributed by nurses to the advance in clinical knowledge which has of late years been so rapid; but for my part I wish to accord you your full share.